

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

U. S. Application No. 10 520 712 Charitta Burt, Paralegal

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Copy of ISR EP, Copy of IPER \_\_\_\_\_

Assignee information:

Priority Info: Country EP No. 02077711.6 date 7.18.02 MORE (turn over)

Correspondence checked: 32940

Inventor Name checked: F \_\_\_\_\_ L \_\_\_\_\_

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT \_\_\_\_\_ / \_\_\_\_\_ Language Eng

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: \_\_\_\_\_; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 55 Chargeable 58 Independent 6 multiple yes

Number of drawing Sheets: 37 Foreign language: \_\_\_\_\_

Oath/Declaration: \_\_\_\_\_; signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_,

Copy of IPER: ✓; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date 1.7.05; Number of copies included 2

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 1.7.05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_

Notice of Missing Requirements: 7.28.05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_

Extension of time: Number of months \_\_\_\_\_

